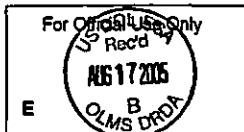


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <del>00000</del> <b>9110</b>	2 Fiscal Year Covered From <b>1 / 1 / 2004 Through 12 / 31 / 2004</b>
3 Name and address of person filing Name <b>ANGELO</b> <b>ANGELONE</b> P O Box Bldg Room No if any Street <b>23-56 204th ST.</b> City <b>BAYSIDE</b> State <b>NY</b> ZIP Code + 4 <b>11360</b>	4 Name file number and address of labor organization Name <b>CONCRETE WORKERS DISTRICT COUNCIL</b> Labor Organization File Number <b>001-000</b> P O Box Building and Room Number if any Street <b>29 18 35th AVE</b> City <b>LONG ISLAND CITY</b> State <b>New York</b> ZIP Code + 4 <b>11106</b>
5 Position in labor organization <b>ORGANIZER</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income <b>N/A</b> 7 b Amount. <b>N/A</b>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u><b>Angelo Angelone</b></u>	On <u><b>8/12/05</b></u> <u><b>(718) 392-6911</b></u> Date Telephone Number

Name of Person Filing <b>ANGELO, ANGELONE</b>	File Number U <b>00000</b>
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

*N/A*

<b>8 Name and address of Business (including trade name if any)</b> Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>9 Business deals with</b>  a Labor Organization b Trust c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b> _____ <b>11 b Approximate dollar value of such dealing</b> _____ <b>12 a Nature of interest held or income received</b> _____ <b>12 b Amount</b> _____

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

*N/A*

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14 a Nature of payment</b> _____ <b>14 b Amount of payment</b> _____
<b>13 b Is the Business an Employer _____ or Consultant _____ ?</b>	



August 12, 2005

US Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Washington, DC 20210

Room N-5616

**RE Form LM-30 Filing for Angelo Angelone, 001-089 Labor Organization File No**

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Angelo Angelone